

Updates to AIM Radiation Oncology Clinical Appropriateness Guidelines

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Effective for dates of service on and after March 14, 2021, the following updates will apply to the AIM Radiation Oncology Clinical Appropriateness Guidelines.

Radiation oncology

- Special treatment procedure
 - Removed IV requirement for chemotherapy

CNS cancer

- IMRT for glioblastomas, other gliomas and metastases: Eliminated the 3D plan comparison requirement. Same change for high-grade and low-grade gliomas.
- IMRT for metastatic brain lesions: Added hippocampal sparing whole brain radiotherapy indication

Lung cancer

- Eliminated the plan comparison requirement for IMRT to treat stage III non-small cell lung cancer.
- SBRT: Removed “due to a medical contraindication” language
- SBRT: Added “as an alternative to surgical resection” to stereotactic body radiation therapy
- Adjusted fractionation maximum for curative treatment of non-small cell lung cancer up to 35 treatments of thoracic radiotherapy.

Proton beam therapy

- Added new indication for hepatocellular carcinoma and intrahepatic cholangiocarcinoma

As a reminder, ordering and servicing providers may submit prior authorization requests to AIM in one of several ways:

- Access AIM's **ProviderPortal**_{SM} directly at providerportal.com. Online access is available 24/7 to process orders in real-time, and is the fastest and most convenient way to request authorization.
- Access AIM via the Availity Web Portal at availability.com.
- Call AIM's Contact Center toll-free number at 866-714-1107, Mon. - Fri., 8:00 a.m. - 5:00 p.m.

For questions related to guidelines, please contact AIM via email at aim.guidelines@aimspecialtyhealth.com. Additionally, you may access and download a copy of the current and upcoming guidelines [here](#).

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